

263 CMR 5.00: SCOPE OF PRACTICE AND EMPLOYMENT OF PHYSICIAN ASSISTANTS

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5.01: Purpose

The purpose of 263 CMR 5.00 is to describe the settings in which a physician assistant may properly work, the types of clinical activities in which a physician assistant may engage, the level of skill expected of the physician assistant, the nature and extent of the supervision required of the supervising licensed physician, and the allocation of liability for the acts or omissions of a physician assistant. The provisions of 263 CMR 5.00 shall not be construed as an implicit prohibition on any work setting, activity, or supervisory role which is not explicitly mentioned herein.

5.02: Authority

The provisions of 263 CMR 5.00 are established pursuant to M.G.L. c. 13, § 10B and M.G.L. c. 112, § 9F, which empower the Board to adopt rules and regulations governing the practice and employment of physician assistants in order to promote the public health, safety and welfare.

5.03: Permissible Work Settings

A physician assistant may serve the patients of his/her supervising licensed physician in all types of clinical care settings, including, but not limited to: a patient's home, any physician's office, hospital, nursing home, extended care facility, state health or mental institution, clinic, health maintenance organization, industrial clinic, school or university health service, rural satellite clinic, or other health care facility licensed or otherwise operating legally within the Commonwealth.

5.04: Scope of Services Which May Be Performed

- (1) A physician assistant may, under the supervision of a licensed physician, perform any and all services which are:
 - (a) Within the competence of the physician assistant in question, as determined by the supervising physician's assessment of his or her training and experience; and
 - (b) Within the scope of services for which the supervising physician can provide adequate supervision to ensure that accepted standards of medical practice are followed.
- (2) A physician assistant may approach patients of all ages and with all types of conditions; elicit histories; perform examinations; order, perform and interpret diagnostic studies; order and perform therapeutic procedures; instruct and counsel patients regarding physical and mental health issues; respond to life-threatening situations; and facilitate the appropriate referral of patients; consistent with his or her supervising physician's scope of expertise and responsibility and the level of authority and responsibility delegated to him or her by the supervising physician.
- (3) Nothing contained herein shall be construed to allow a physician assistant to:
 - (a) Give general anesthesia;
 - (b) Perform any procedure involving ionizing radiation, except in an emergency situation where the procedure is performed under the direction and control of a licensed physician; or
 - (c) Render a formal medical opinion on procedures involving ionizing radiation.

5.04: continued

(4) Where a physician assistant is involved in the performance of major invasive procedures, such procedures shall be undertaken under specific written protocols, available to the Board upon request, which have been developed between the supervising physician and the physician assistant and which specify, *inter alia*, the level of supervision the service requires, *e.g.*, direct (physician in room), personal (physician in building), or general (physician available by telephone).

5.05: Scope of Supervision Required

(1) All professional activities of a physician assistant must be supervised by a supervising physician approved by the Massachusetts Board of Registration in Medicine pursuant to 243 CMR 2.08(7). A "supervising physician", for purposes of this subchapter, shall mean a physician who is a "full licensee" of the Massachusetts Board of Registration in Medicine.

(2) A supervising physician shall not supervise more than two physician assistants at any one time.

(3) A supervising physician may use a physician assistant to assist him or her in the process of gathering data necessary to make decisions and institute patient care plans. A physician assistant shall not, however, supplant a licensed physician as the principal medical decision-maker.

(4) A supervising physician shall afford supervision adequate to ensure all of the following:

(a) The physician assistant practices medicine in accordance with accepted standards of medical practice. 263 CMR 5.05(4)(a) does not require the physical presence of the supervising physician in every situation in which a physician assistant renders medical services.

(b) The physician assistant, except in life-threatening emergencies where no licensed physician is available, informs each patient that he or she is a physician assistant and that he or she renders medical services only under the supervision of a licensed physician.

(c) The physician assistant wears a name tag which identifies him or her as a physician assistant.

(d) The supervising physician reviews diagnostic and treatment information, as agreed upon by the supervising physician and the physician assistant, in a timely manner consistent with the patient's medical condition.

(e) On follow-up care, hospital visits, nursing home visits, attending the chronically ill at home, and in similar circumstances in which the supervising physician has established a therapeutic regimen or other written protocol, the physician assistant checks and records a patient's progress and reports the patient's progress to the supervising physician. Supervision is adequate under this subparagraph if it permits a physician assistant who encounters a new problem not covered by a written protocol or which exceeds established parameters to initiate a new patient care plan and consult with the supervising physician.

(f) In an emergency, the physician assistant renders emergency medical services necessary to avoid disability or death of an injured person until a licensed physician arrives.

(g) When a supervising physician is unable or unavailable to be the principal medical decision-maker, another licensed physician must be designated to assume temporary supervisory responsibilities with respect to the physician assistant. The name and scope of responsibility of the physician providing such temporary supervision must be readily ascertainable from records kept in the ordinary course of business which are available to patients. The supervising physician(s) of record is ultimately responsible for ensuring that each task performed by a physician assistant is properly supervised.

5.06: Billing

A physician assistant may not bill separately for services rendered. The services of the physician assistant are the services of his or her supervising physician, and shall be billed as such.

5.07: Prescription Practices of a Physician Assistant

(1) Any physician assistant who holds a full certificate of registration, issued by the Board pursuant to 263 CMR 3.02, may issue written or oral prescriptions or medication orders for a patient, provided that he or she does so in accordance with all applicable state and federal laws and regulations, including but not limited to M.G.L. c. 112, § 9E; M.G.L. c. 94C, §§ 7, 9 and 20; 105 CMR 700.000 and 263 CMR 5.07(1).

(2) A physician assistant who holds a temporary certificate of registration, issued by the Board pursuant to 263 CMR 3.04, may prepare a written or oral prescription or medication order for a patient, provided that:

- (a) Any such written prescription or medication order is signed by his or her supervising physician, or by another licensed physician who has been designated to assume temporary supervisory responsibilities with respect to that physician assistant pursuant to 263 CMR 5.05(4)(g), prior to the issuance of said prescription or medication order to the patient;
- (b) Any such oral prescription or medication order is approved, in writing, by his or her supervising physician, or by another licensed physician who has been designated to assume temporary supervisory responsibilities with respect to that physician assistant pursuant to 263 CMR 5.05(4)(g), prior to the issuance of that oral prescription or medication order; and
- (c) All such oral or written prescriptions or medication orders are issued in the name of the supervising physician, and are otherwise issued in accordance with all applicable state and federal laws and regulations, including but not limited to M.G.L. c. 112, § 9E; M.G.L. c. 94C, §§ 7, 9 and 20; 105 CMR 700.000; and 263 CMR 5.07(2).

(3) Any prescription or medication order issued by a physician assistant for a Schedule II controlled substance, as defined in 105 CMR 700.002, shall be reviewed by his or her supervising physician, or by a temporary supervising physician designated pursuant to 263 CMR 5.05(4)(g), within 96 hours after its issuance.

(4) All physician assistants shall issue prescriptions or medication orders in accordance with written guidelines governing the prescription of medication which are mutually developed and agreed upon by the physician assistant and his or her supervising physician(s).

- (a) Such guidelines shall address, but need not be limited to, the following issues:
 1. Identification of the supervising physician(s) for that work setting;
 2. Frequency of medication reviews by the physician assistant and his or her supervising physician;
 3. Types and classes of medications to be prescribed by the physician assistant;
 4. The initiation and/or renewal of prescriptions for medications which are not within the ordinary scope of practice for the specific work setting in question, but which may be needed to provide appropriate medical care;
 5. The quantity of any medication to be prescribed by a physician assistant, including initial dosage limits and refills;
 6. The types and quantities of Schedule VI medications which may be ordered by the physician assistant from a drug wholesaler, manufacturer, laboratory or distributor for use in the practice setting in question;
 7. Review of initial prescriptions or changes in medication; and
 8. Procedures for initiating intravenous solutions.
- (b) Such guidelines shall be available for review by any duly authorized representative of the Board, the Massachusetts Board of Registration in Medicine, the Massachusetts Department of Public Health, and such other state or federal government agencies as may be reasonably necessary and appropriate to ensure compliance with all applicable state or federal laws and regulations. Copies of such guidelines, however, need not be filed with those agencies.
- (c) All such guidelines must be in writing and must be signed by both the supervising physician and the physician assistant. Such guidelines shall be reviewed annually and dated and initialed by both the supervising physician and the physician assistant at the time of each such review. The physician assistant and his/her supervising physician may alter such guidelines at any time and any such changes shall be initialed by both parties and dated.

5.07: continued

- (5) All prescriptions or medication orders issued by a physician assistant shall be issued in a manner which is consistent with the scope of practice of the physician assistant, the guidelines developed pursuant to 263 CMR 5.07(4), and accepted standards of good medical practice for licensed physicians with respect to prescription practices.
- (6) At least four hours of the continuing medical education which a physician assistant is required to obtain pursuant to 263 CMR 3.05(3) as a condition for license renewal shall be in the field of pharmacology and/or pharmacokinetics.
- (7) All prescriptions written by a physician assistant shall be written in accordance with the regulations of the Massachusetts Department of Public Health at 105 CMR 721.000.
- (8) A physician assistant may order only Schedule VI controlled substances from a drug wholesaler, manufacturer, distributor or laboratory, and only in accordance with the written guidelines developed with his/her supervising physician pursuant to 263 CMR 5.07(4). A physician assistant may sign only for sample Schedule VI controlled substances received by or sent to the practice setting by a pharmaceutical representative.
- (9) The use of pre-signed prescription blanks or forms is prohibited.
- (10) A physician assistant shall not prescribe controlled substances in Schedules II, III and IV for his or her own use. Except in an emergency, a physician assistant shall not prescribe Schedule II controlled substances for a member of his or her immediate family, including a parent, spouse or equivalent, child, sibling, parent-in-law, son/daughter-in-law, brother/sister-in-law, step-parent, step-child, step-sibling, or other relative permanently residing in the same residence as the physician assistant.
- (11) The physician assistant and the supervising physician for that work setting shall be jointly responsible for all prescriptions or medication orders issued by the physician assistant in that work setting.

5.08: Legal Responsibility for Actions of Physician Assistant

- (1) Where a physician assistant is employed by a physician or group of physicians, the employing physician or physicians shall remain legally responsible for the acts or omissions of said physician assistant at all times, including those occasions where said physician assistant, under the direction and supervision of said employing physician or physicians, aids in the care and treatment of patients in a health care facility.
- (2) Where a physician assistant is employed by a health care facility, the employing health care facility shall be legally responsible for the acts or omissions of said physician assistant at all times. Physician assistants who are employed by health care facilities shall nevertheless be supervised by licensed physicians, as required by 263 CMR 5.05. Physician assistants employed by health care facilities shall not be utilized as the sole medical personnel in charge of emergency services, outpatient services, or any other clinical service where a licensed physician is not regularly available.

REGULATORY AUTHORITY

263 CMR 5.00: M.G.L. c. 13, § 10B; c. 112, § 9F.